

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054485

Entity Name: KEEP MY PROMIS LLC

FILED  
Jul 13, 2007  
Secretary of State

**Current Principal Place of Business:**

23315 EAGLE GAP  
SAN ANTONIO, TX 38255

**New Principal Place of Business:**

**Current Mailing Address:**

23315 EAGLE GAP  
SAN ANTONIO, TX 38255

**New Mailing Address:**

FEI Number: 90-0129918      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GAYLE TIMBERLAKE FREY  
1961 ALOMA AVENUE  
SUITE 143  
WINTER PARK, FL 32792 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GAYLE TIMBERLAKE FREY, Y  
Address: 1961 ALOMA AVE, SUITE 143  
City-St-Zip: WINTER PARK, FL 32787

Title: MGRM ( ) Delete  
Name: FREY, PETER  
Address: 1961 ALOMA AVE, SUITE 143  
City-St-Zip: WINTER PARK, FL 32787

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER FREY

MGRM

07/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date